Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 04/14/2016 IL6009922 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2025 EAST LINCOLN STREET WESTMINSTER VILLAGE **BLOOMINGTON, IL 61701** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (FACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Final Observations STATEMENT OF LICENSURE VIOLATIONS: 300.1230k) 300.1230 1)4) 300.2080a) 300.3100d)7) 300.1230 Direct Care Staffing Effective September 12, 2012, a minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses. Registered nurses and licensed practical nurses employed by a facility in excess of these requirements may be used to satisfy the remaining 75% of the nursing and personal care time requirements. To determine the numbers of direct care personnel needed to staff any facility, the following procedures shall be used: 4) Multiplying the total minimum hours of direct care needed by 25% will give the minimum amount of licensed nurse time that shall be provided during a 24-hour period. Multiplying the total minimum hours of direct care needed by 10% will give the minimum amount of registered nurse time that shall be provided during a 24-hour period. Attachment A These requirements are not met as evidenced by: Statement of Licensure Violations Based on interview and record review, the facility failed to have 10% of nursing and personal care provided by a Registered Nurse (RN) for 2 of the 14 days reviewed. This failure has the potential to

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

affect all 64 residents residing in the facility.

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Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 04/14/2016 R WING IL6009922 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2025 EAST LINCOLN STREET WESTMINSTER VILLAGE **BLOOMINGTON, IL 61701** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 Findings include: The spread sheet dated 4/11/16 provided by E1, Administrator, documents the period of time reviewed for staffing as 3/4/16 - 3/17/16. The spread sheet documents an average daily census of 5.43 Skilled Care Residents and 60.21 Intermediate Care Residents, which requires a minimum of 171.16 hours of direct care staff daily. The minimum required RN hours are calculated to be 17.12 hours daily. This spread sheet documents the following for RN hours worked: 3/12/16 - 10 hours 3/13/16 - 10 hours The 3/2016 Nurses scheduled confirms these hours worked by RN's. On 4/11/16 at 4:00 PM, E1 confirmed that the hours on the spread sheet were accurate. The Resident Census and Conditions of Resident dated 4/10/16 documents 64 residents reside in the facility. (AW) Section 300.2080 Menus and Food Records a) Menus, including menus for "sack" lunches and between meal or bedtime snacks, shall be planned at least one week in advance. Food sufficient to meet the nutritional needs of all the residents shall be prepared for each meal. When changes in the menu are necessary, substitutions shall provide equal nutritive value and shall be

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recorded on the original menu, or in a notebook marked "Substitutions", that is kept in the kitchen.

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| | If a notebook is use shall include the da at which the substit originally written; ar served. | ed to document substitutions, it te of the substitution; the meal aution was made; the menu as and the menu as actually | | | | | | | |
| | This requirement is not met as evidenced by: | | and the state of t | | | | | | |
| | review the facility fa amount of protein f failure affected one reviewed for meals affected five reside | ion, interview, and record ailed to serve the required for the lunch time meal. This e of three residents (R103) in the sample of three and ents (R104 through R108) on the supplemental sample. | | | | | | | |
| | Findings include: | | Committee of the Association of | | | To a special manuscript and a special manuscri | | | |
| | The facility's dietar documents the por ounces. | y spreadsheet for 4/10/16 tion size of baked trout as four | | | | | | | |
| | On 4/10/16 from 17 R104, R105, R106 baked trout on their | 1:30 PM to 1:00 PM, R103, R107 and R108 were served ir lunch trays. | | | | | | | |
| | Service Director w | PM, E9 Assistant Food eighed the serving size of the baked trout weighed two four ounces. | | | | | | | |
| | the prime rib was to lunch. The trout we suppose to weight eight ounces when the trout in half after realize the trout we | PM, E9 stated, "The trout and the protein containing meats at eighed two ounces, it was four ounces. The trout weighs a whole {pre-cooked}. We cut er it was baked. We didn't eighed less after baking it." At rmed R103, R104, R105, | | | | | | | |

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R106, R107 and R108 received two ounces

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Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 04/14/2016 B. WING IL6009922 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2025 EAST LINCOLN STREET WESTMINSTER VILLAGE **BLOOMINGTON, IL 61701** PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 instead of four ounces of the baked trout on their lunch tray. (B) Section 300.3100 General Building Requirements d) Doors and Windows 7) Thresholds or parting strips in doorways used by residents shall be flush with the floor. This requirement is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure the doorway threshold from the day room to the patio was flush with the floor. This failure has the potential to affect all the residents that reside in the facility. Findings include: On 4/11/16 at 9:02 AM, during the group interview R106 and R109 stated the doorway from the dayroom out to the patio is difficult to cross through. On 4/12/16 at 10:05 AM, the threshold (located in the dayroom leading to the patio) at the base of the doorway frame that meets the sidewalk was not flush. There was an 1/2 to 3/4 inch elevation from the sidewalk edge up to the edge of the doorframe. The edge of the sidewalk that meets the doorframe was cracked and was missing pieces of concrete. On 4/12/16 at 1:05 PM, R106 stated, "The door sill is so high you almost have to have help getting across. I have to try multiple times to get over it, my wheelchair doesn't want to go over it. I go out to the patio once or twice daily when the

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weather is nice."

On 4/12/16 at 1:40 PM, E15 Maintenance Director confirmed that there was a 1/2 to 3/4 inch elevation from the sidewalk edge up to the

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| last year. I had to concrete crack filler | | grind the concrete and apply | | | | | | | | | |
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